

Abbreviated Minutes

Patient-Centered Health Advisory Council

Iowa Hospital Association- Friday, May 20th, 2016 from 9:30 – 3:00

Agenda

<p>State Innovation Model (SIM) & Value-Based Purchasing</p> <p><i>Marni Bussell</i></p> <p>PowerPoint: <u>SIM- Value-Based Purchasing PPT</u></p>	<ul style="list-style-type: none"> • There is now a national effort to shift the U.S. health care system from paying for volume to paying for value. HHS has announced <u>measurable goals and a timeline</u> to move the Medicare program. Legislation was introduced regarding <u>Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)</u> including MIPS (Merit-Based Incentive Payment System) & Alternative Payment Models (APMs). Iowa Medical Society provided the Council with spreadsheet broken down by small independent, large independent, and hospital/system affiliated clinics- see attachment. • Iowa is one of 14 states selected to receive a SIM Round Two Test Award through CMS. Iowa was awarded \$43.1 million over a four year period to focus on improving population health, transforming health care, and promoting sustainability. Iowa <u>has four primary drivers</u> and a number of <u>goals</u> to achieve by 2018. The <u>SIM Operational Plan</u> includes a drive diagram (page 6) and a Core Metrics Chart (pages 8-10). IME has established a <u>definition</u> of value-based payment and qualifying criteria for determining eligible models.
<p>Population Health/ Community Care Coalition (C3)</p> <p><i>Kala Shipley</i></p> <p>PowerPoint: <u>SIM- Population Health- C3 PPT</u></p>	<ul style="list-style-type: none"> • The “Plan to Improve Population Health” is a SIM requirement and will include the <u>Iowa SIM Statewide Strategies</u> as well as an actual written Plan (focusing on tobacco, diabetes, and obesity) by January 2019. Iowa will build off of the <u>Healthy Iowans</u> plan. • A major emphasis in the SIM application is the development and advancement of <u>C3s</u>. Six C3s, spanning 20 counties, are engaging in broad-based health care system reform over the next 3 years that will lead to better health outcomes and lower costs. Click <u>here</u> to view a map of the C3 grantee service areas, and <u>here</u> for an overview of all 6 projects. • A <u>handout</u> was distributed on the CDC’s <u>6/18 Initiative</u>, which targets 6 common and costly conditions and 18 interventions to begin discussions with purchasers, payers, and providers.
<p>Statewide Alert Notification System (SWAN)</p> <p><i>Andrea Bryan</i></p> <p>PowerPoint: <u>SIM- SWAN PPT</u></p>	<ul style="list-style-type: none"> • Iowa’s SIM is developing a technology infrastructure for a statewide network of hospital ADT (Admissions, Discharge, Transfer) data to provider real-time alerts to provider organizations in value-based payment arrangements. This system is known as SWAN, the Statewide Alert Notification system. These alerts inform providers during critical transitions of care which is a proven tool to achieve better healthcare utilization and outcomes. “Smart Alerts” will be sent to providers with 3 use cases initially: 1) Emergency Department Discharge, 2) Inpatient Admission, 3) Inpatient Discharge. • Ultimately, SWAN will connect all hospitals in Iowa. SWAN is starting with Medicaid patients who have a primary care provider assigned to them. 21 hospitals are connected and sending ADTs, and another 15 hospitals should join by early June. Four ACO’s are receiving alerts, which are a daily file sent to the ACO. Alerts are only going to providers that have a Business Associate Agreement (BAA) with IME. Future plans include implementing the SWAN in the C3 communities, connecting to all Iowa hospitals and expanding beyond the Medicaid population.
<p>Community-Based Performance Improvement</p> <p><i>Gloria Vermie & Jeff McKinney</i></p> <p><u>SIM- Community-Based Performance Improvement PPT</u></p>	<ul style="list-style-type: none"> • IDPH has contracted with the Iowa Healthcare Collaborative to provide technical assistance (TA) to Iowa’s C3s communities which will align and equip them to improve quality, safety, and value. Community-Based Performance Improvement builds off of the statewide population health strategies and the need for providers to improve in-care coordination and value-based purchasing models (<u>see statewide strategies grid</u>). • C3’s address population health needs by coordinating local resources and is “Population-based, Community-applied”. They promote alignment of health and social needs by focusing on social determinants of health. A number of TA opportunities are summarized on slide 5. • A <u>SIMplify Forum</u> will be held on June 30 and SIM Learning Communities will be held on July 12th, 2016 and November 8th, 2016.

<p>Iowa Medicaid Modernization</p> <p><i>Lindsay Buechel</i></p> <p>PowerPoint: Iowa Medicaid Program Updates PPT</p>	<ul style="list-style-type: none"> Newly eligible Medicaid members will be tentatively assigned to a MCO in their enrollment packet which is based on an algorithm to keep family members together. Members will have a choice period end date to select a particular MCO for their IA Health Link enrollment date. Members will have 90 days from their enrollment date to change their MCO for any reason. After these 90 days, they will still be able to change for “Good Cause” reason. Members will also have an annual choice period to select an MCO, based on their DHS annual renewal date. All Medicaid eligible members will be considered Fee-for-Services in their first- to second-month of receiving benefits. IME will assist members and handle billing claims. Slide 4 lists the IA Health Link Enrollment Cut-Off Dates for 2016. If a member doesn’t have their Managed Care Member ID Cards, they can still use their Medicaid ID number. The Managed Care Quick Reference Guide was given as a handout. Prior Authorizations (PAs) with the MCOs are required. See the PA Summary Chart. There are contractual requirements for MCOs to process PAs within 7 calendar days or 3 business days for expedited authorizations and within 24 hours for pharmacy PAs. All in-state and out-of-state providers must enroll with IME prior to enrollment with an MCO. IME is encouraging providers to enroll with all 3 MCOs.
<p>Health Insurance Marketplace Outreach & Education</p> <p><i>Sarah Dixon</i></p> <p>PowerPoint: Marketplace Outreach and Enrollment PPT</p>	<ul style="list-style-type: none"> Currently, 55,089 Iowans have signed up for the Health Insurance Marketplace. There are still close to 180,000 uninsured Iowan’s and many are unaware of their options. Of the 55,089, the average monthly Advanced Premium Tax Credit was \$303 and the average monthly premium was \$122. Additionally, 41% were new enrollees, 85% received financial assistance, 26% were age 18-34, and the largest enrollment group were pre-retirees (age 55-64). United Healthcare has announced that they plan to leave Iowa’s Marketplace starting in 2017. Wellmark has announced that they plan to join the Marketplace for open enrollment 4. Enroll Iowa is a statewide coalition of Certified Application Counselors, Navigators, and other assisters that promote awareness about coverage options and in-person assistance. Please contact the Iowa PCA (sdixon@iowapca.org) if you are interested in joining.
<p>Legislative Update and Discussion</p> <p><i>Deborah Thompson</i></p> <p>Handout: Legislative Update 2016</p>	<ul style="list-style-type: none"> The Council’s recommendation to “allow Local Boards of Health to voluntarily enter into larger regional units...” This legislation passed and was signed by the Governor on March 24, 2016. The Council’s recommendation to “support fully funding Iowa’s Rural Primary Care Loan Repayment Program” received status quo funding for fiscal year 2017. The Council’s recommendation to “support IDPH’s evaluation of their health workforce development programs...” - this evaluation is almost complete. Not included in the final negotiations of the Medicaid Program Oversight bill was the directive for the Patient-Centered Health Advisory Council to assess the health resources and infrastructure and recommend alignment with changes in health care delivery. The Council would have been required to assist in evaluating the health workforce.
<p>Council Recommendations & Issue Brief</p>	<ul style="list-style-type: none"> The Council reviewed the recommendations and Dr. Carlyle proposed to add a recommendation to support the establishment of a dedicated Medicaid Managed Care Ombudsman position. All Council members voted in favor of approving all of the recommendations including this amendment. A draft “Population-Based Health Care” issue brief was distributed.
<p>Public Comment & Next Meeting</p>	<ul style="list-style-type: none"> Dr. Reiter mentioned two books about veterans that were very impactful: <ul style="list-style-type: none"> “The Good Soldiers” by David Finkel (non-fiction) “Preparation for the Next Life” by Atticus Lish (fiction) The August meeting will have a “Population Health” theme and agenda items may include CHNA/HIP, Healthy Iowans, MACRA, Health and All Policy, and a MCO Panel.
<p><u>Next Meeting: August, 12th, 9:30 – 3:00 at the Iowa Hospital Association</u></p>	